



Young People with Additional Support Needs and Harmful Sexual Behaviour: What Does Evidence Tell Us About Best Practice?

Stuart Allardyce: Director, Stop It Now! Scotland

Lucy Faithfull Foundation

The only UK-wide charity dedicated solely to
tackling child sexual abuse

Stop It Now! Scotland

- Established 2008 in Scotland (2002 in UK)
- Part of Lucy Faithfull Foundation
- Focus on child sexual abuse prevention
- Scale of the problem requires a public health approach
- Services need to target adults (both protective and those who present a risk) as well as children

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NSPCC Harmful Sexual Behaviour Definition



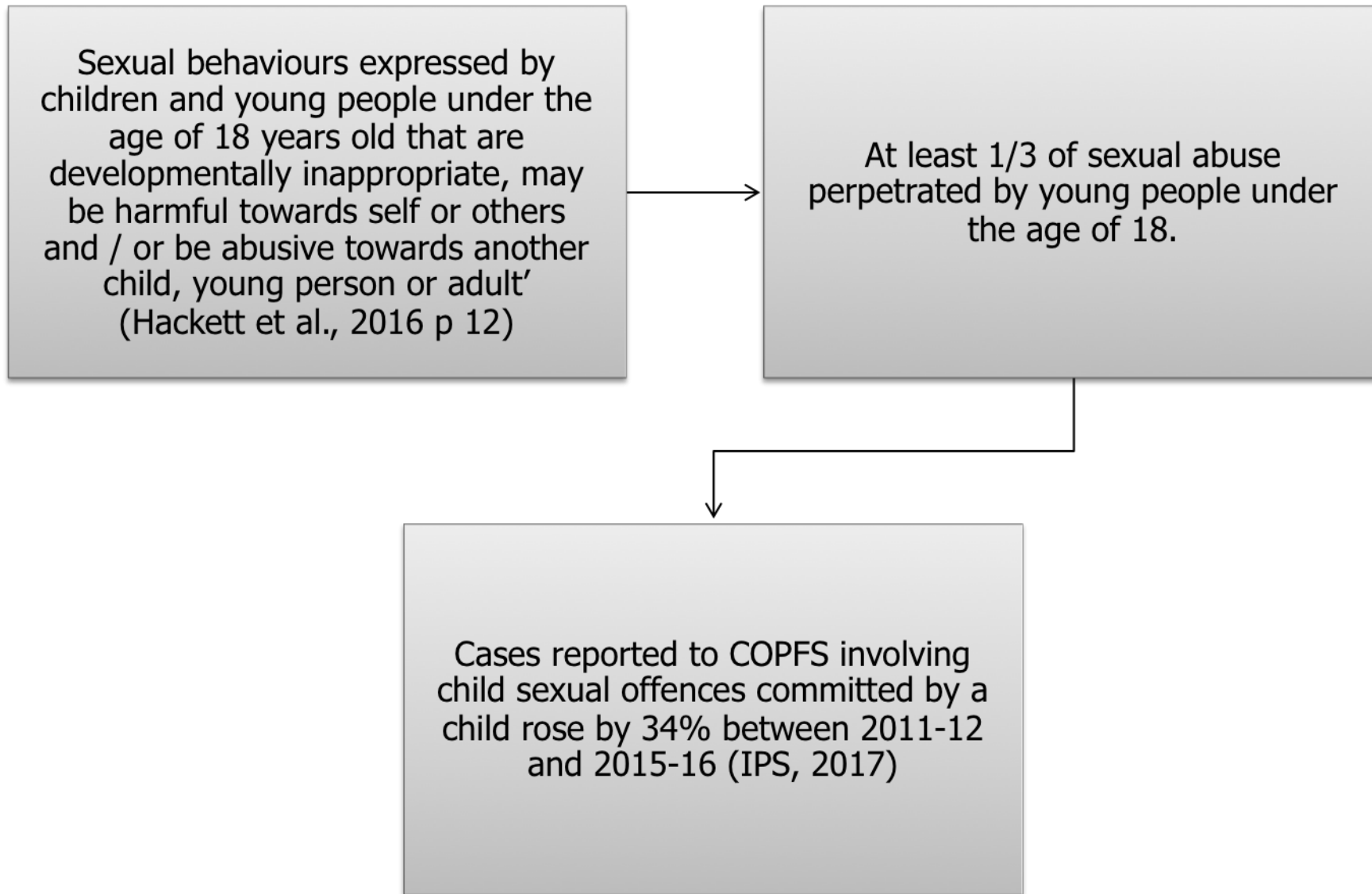
“Sexual behaviours expressed by children and young people under the age of 18 years old that are developmentally inappropriate, may be harmful towards self or others, or be abusive towards another child, young person or adult.”

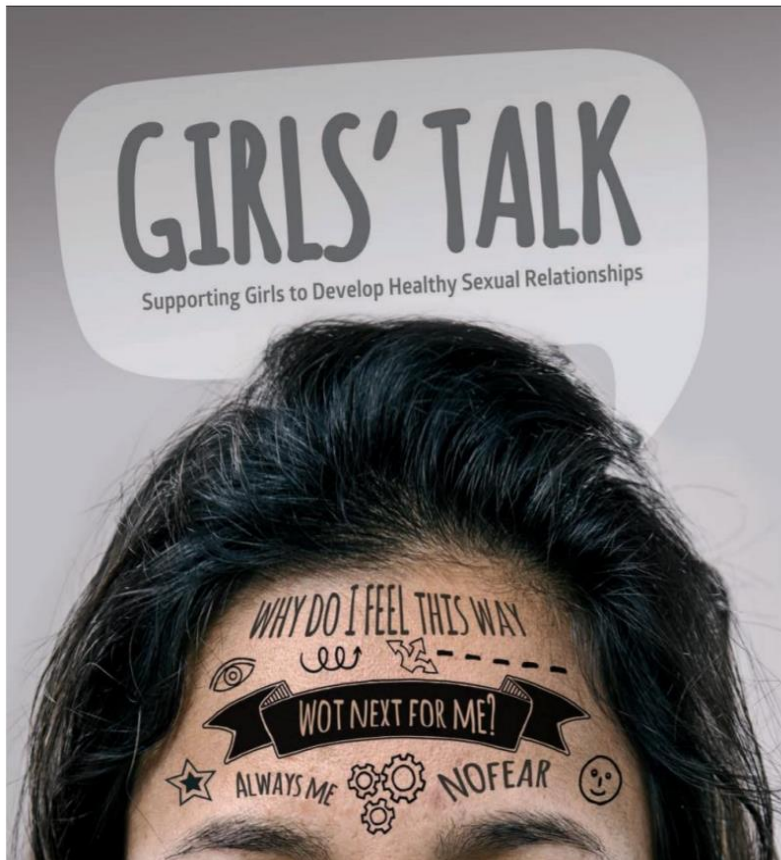
Children's sexual behaviours

- **Young children:** Information gathering, exploration of bodies, with known similar-age children balanced by curiosity for other things
- **Adolescents:** Behaviour more goal oriented towards intimacy and sexual arousal
- **Concerning:** Interferes with development, involves coercion, distress, divergent age/ability and power

The continuum of sexual behaviour (Hackett, 2010)

Normal	Inappropriate	Problematic	Abusive	Violent
<ul style="list-style-type: none">• Developmentally expected• Socially acceptable• Consensual, mutual, reciprocal• Shared decision making	<ul style="list-style-type: none">• Single instances of inappropriate sexual behaviour• Socially acceptable behaviour within peer group• Context for behaviour may be inappropriate• Generally consensual and reciprocal	<ul style="list-style-type: none">• Problematic and concerning behaviours• Developmentally unusual and socially unexpected• No overt elements of victimisation• Consent issues may be unclear• May lack reciprocity or equal power• May include levels of compulsivity	<ul style="list-style-type: none">• Victimising intent or outcome• Includes misuse of power• Coercion and force to ensure victim compliance• Intrusive• Informed consent lacking, or not able to be freely given by victim• May include elements of expressive violence	<ul style="list-style-type: none">• Physically violent sexual abuse• Highly intrusive• Instrumental violence which is physiologically and/or sexually arousing to the perpetrator• Sadism





Barnardo's Better Futures

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Key issues

- Heterogenous phenomena
- Reported levels of maltreatment and polyvictimisation experienced by children and young people who have displayed harmful sexual behaviour are consistently high. Childhood sexual abuse 6 x over-represented in comparison to non-sexual offending adolescents (Seto and Lalumiere, 2010)
- Shame and embarrassment key issues
- Labelling

ASB and HSB

- Learning disability currently affects 2% of the general population in England (Emerson and Hatton, 2008), yet young people with diagnosed or undiagnosed learning disability represented 38% of the cases in Hackett et al. (2013). Seto and Lalumiere (2010) similarly found that those who displayed harmful sexual behaviour had significantly more learning problems than young people involved with non-sexual criminality.
- Fyson (2007) found that young people with learning disabilities were more likely to abuse younger children than peers and tended to be less discriminating in terms of gender of victim, a finding supported by other studies (Tudiver and Griffin, 1992, Balogh et al., 2001).
- Other studies have found that adult sex offenders with learning disabilities are more likely to sexually reoffend than sex offenders with no learning disability (Craig and Hutchinson, 2005) although research in relation to adolescent recidivism is under-developed.
- Higher presentation of 'nuisance behaviours' (Gilbey et al 1989)
- Difference in gender of victims (Gilbey et al 1989) (Tudiver 1992) (Balogh, 2001)
- Higher impulsivity (O'Callaghan 2004)
- Less likely to be charged (different legal outcomes)? (Gilbey et al 1989)

Why the over-representation?

- Over-representation of CSA and other forms of maltreatment? Spencer and colleagues (2005), in a large scale UK wide population study, found that children from a range of specific disabilities were six times more likely to be on the child protection register than non-disabled children. Jones and colleagues (2012) in a review and meta-analysis of disability and sexual abuse studies found sexual violence to be as high as forty percent for disabled populations. Sullivan and Knutson (2000) found similar results indicating children with disabilities were 3 to 4 times more likely to experience maltreatment and twice as likely to be sexually abused.
- Sexual health education
- Monitoring
- Treatment of young people with ASD as asexual
- Misjudging social context
- Impact on psycho-social development
- Biological explanations

Public health approaches – preventing HSB

- McKibben (2017) – 14 young people who were undertaking therapy in relation to their harmful sexual behaviour towards children were asked what might have prevented them from committing a sexual offence in the first place. Their families and professionals were also interviewed. 3 findings emerged

McKibben (2017)

- Age appropriate education about healthy sexuality, introduced before teenage years.
- Helping children avoid adverse childhood experiences, or if they have experienced ACEs, having support so that they can process and move on from the harm they experienced.
- teaching children and young people 'porn literacy', so they develop critical thinking skills about concepts of gender, power, age, and consent when they are exposed to online pornography

Characteristics that are under-researched (but promising, and having relevance for prevention):

- Locus of offences (more likely in school settings?)
- Less likely to receive an appropriate service?

Welfare Outcomes

Hackett et al. (2012) followed up sixty-nine young people as adults at least ten years after the end of interventions.

A small proportion had reoffended sexually (6%), with a limited number having been reconvicted for serious offences of physical assault, violence and – in one case – murder.

However, when welfare outcomes were examined, only about one-quarter reported positive outcomes in terms of employment, health, housing, lifestyle, romantic relationships and family contact.

Stable partner relationships or enduring carer and professional relationships were a feature of most adults who had managed to progress in terms of quality of life. Relationship failure, chaotic or unstable living conditions and drug and alcohol misuse were common among those with the worst outcomes.

European studies – Welfare Outcomes

A Swedish study followed up twenty young people who had displayed harmful sexual behaviour ten years after they had completed interventions and found that most had significant difficulties with intimacy, which then limited their capacity to develop romantic relationships and friendships (Ingevaldson et al., 2016).

A Dutch study using longitudinal data concerning a group of young adults who had committed sexual offences in their adolescence (n=496) found that employment was associated with desistance, but many young people faced considerable barriers in securing and maintaining stable employment (Van den Berg et al., 2014).



Practice and policy in the UK with children and young people who display harmful sexual behaviours: an analysis and critical review

Connie Smith,^{1*} Stuart Allardyce,² Simon Hackett,³
Caroline Bradbury-Jones,⁴ Anne Lazenbatt⁵ & Julie Taylor⁶

¹NSPCC Child Protection Research Centre, Moray House School of Education, University of Edinburgh, Edinburgh, UK; ²Centre for Youth and Criminal Justice, Applied Social Sciences, University of Strathclyde, Glasgow, UK; ³School of Applied Social Sciences, Durham University, Durham, UK; ⁴School of Nursing, Midwifery and Social Work, University of Manchester, Manchester, UK; ⁵School of Sociology, Social Policy & Social Work, Queen's University, Belfast, UK & ⁶NSPCC Child Protection Research Centre, Moray House School of Education, University of Edinburgh, Edinburgh, UK

A rights based framework - GIRFEC

All children and young people who have displayed harmful sexual behaviour have a right to:

be protected from abuse, neglect or harm at home, at school and in the community;

learn to make healthy, safe choices;

be supported and guided in the development of skills, confidence and self-esteem;

have a nurturing place to live;

have opportunities to participate safely in activities such as play, recreation and sport, which contribute to healthy growth and development, at home, in school and in the community;

have the opportunity to be heard and involved in decisions that affect them;

have opportunities and encouragement to play active and responsible roles at home, in school and in the community, including help to overcome social, educational, physical and economic inequalities, and

be accepted as part of the community in which they live (GIRFEC, 2017).

UNCRC

- “Parties shall respect and ensure the rights set forth in the present Convention to each child within their jurisdiction without discrimination of any kind, irrespective of the child's or his or her parent's or legal guardian's race, colour, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status” (UNCRC, 1990).
- In addition, Article 23 makes particular mention of the rights of children with disabilities to be safe, included and enabled to participate in their communities, “Parties recognize that a mentally or physically disabled child should enjoy a full and decent life, in conditions which ensure dignity, promote self-reliance and facilitate the child's active participation in the community” (Article 23, point 1)

Contact details

- stuartallardyce@stopitnow.org.uk